

## ANNOTATIONS

In February 1945 the female patient brought the little girl, aged 6 years, to the clinic with the story that for the last 2 months the child had had a rash on the chest and back and swellings in the neck. A few weeks previously she had been treated for "mumps". The woman suspected that the child might have acquired syphilis from her, since they were in such close proximity in the home; they slept together, on several occasions the male patient had bathed the child and it was not uncommon for the child to use her aunt's towel. A few months previously the aunt had pulled out two of the child's teeth with her fingers; the gums did not heal for three weeks. On examination the child had a diffuse morbilliform rash on the chest, abdomen and back (see Fig. 3); there was also enlargement of the posterior cervical and tonsillar lymph glands, with mucous patches on the fauces and a generalized thinning of the hair. Her blood Wassermann and Kahn reactions were both strongly positive. The child's parents were induced to attend the clinic and showed no evidence of syphilis. The blood Wasserman and Kahn reactions were negative in both cases.

There seems to be no doubt in this last case that the child had acquired syphilis either from her aunt or from her aunt's male partner. Again there is no evidence of a primary lesion in the child, although the tooth-pulling episode might be significant.

In tracing contacts of venereal patients it is the sexual partner who is usually sought. This case does seem to raise the question of the desirability and practicability of investigating households in which highly infectious cases are known to reside. In these days of overcrowding and relaxed hygienic standards, there may be a considerable number of cases of "syphilis innocens" going unnoticed.

### REFERENCES

- Creswell, G. W., Seech, Elizabeth, and Murray, W. L. (1943) *Amer. J. Dis. Child.*, 66, 611.  
Smith, R. F., Jun. (1939) *Amer. J. Syph.*, 23, 165.

## ANNOTATIONS

### PODOPHYLLIN TREATMENT OF GENITAL WARTS

Condylomata acuminata, auto-inoculable and infectious benign tumours, occur usually in the genital and anal regions, rarely between the toes and in the region of the umbilicus; inoculation experiments have shown them to be due to a virus. The lesions, usually multiple, may be small filiform projections or large cauliflower-like growths and are sessile or pedunculated. When situated in moist areas they are soft and friable and in dry areas are firmer in consistence. The lesions must not be confused with condylomata lata, which are of syphilitic origin.

#### Earlier methods of treatment

Many types of treatment (galvano-cautery, diathermy, ligature, trichloroacetic acid, phenol, x-ray and circumcision) have been recommended and in 1942 Kaplan treated 20 cases with 25 per cent podophyllin in mineral oil. Rapid cures were obtained in all cases and there were no complications or toxic manifestations. Culp, Magid and Kaplan subsequently treated 100 males (all but 7 as out-patients), the lesions being penile in 97 cases, anal in 2 and perineal in one. Of the penile cases 62 were treated with 25 per cent podophyllin in mineral oil and 35 with a paste prepared by mixing the crude podophyllin powder with water "until the desired consistency was obtained". In the first group 56 were cured with one application, 5 with 2 and 1 with 3; most of the early failures occurred when the lesions were intrameatal. A cure was effected in the majority of the cases in 2-3 days; in one case it was delayed for 16 days. Six cases developed a mild balanitis and in 3 of these there was an inflammatory phimosis requiring dorsal incision or circumcision. Excellent results were obtained also in the second group, only 2 patients requiring a second application of the aqueous paste, but here again in 6 cases a balanitis developed which was usually associated with an inflammatory phimosis. Similar good results were obtained with anal and perineal lesions. The authors state that a complete follow-up was impossible but report 2 recurrences, one month and 2 months after apparent cure.

## THE BRITISH JOURNAL OF VENEREAL DISEASES

In our own earlier cases we used 25 per cent podophyllin (podophylli resina) in mineral oil in the treatment of 3 cases of penile warts with balanitis and one case of extensive anal lesions with intertrigo; only one application was employed. All penile warts were necrotic within 8 hours, but on the following day there was a painful inflammatory phimosis in the penile cases and the anal case showed an oozing dermatitis which persisted for 3 weeks. Several of the anal warts were not destroyed by the one application and in view of the acute dermatitis these were treated with the electric cautery.

Podophyllin showed itself to be efficacious in the destruction of the warts, but the subsequent inflammation caused severe discomfort to all patients and necessitated 3 weeks' hospital treatment. The high concentration of podophyllin, which aggravated the pre-existing balanitis and intertrigo, was considered to be the cause of the failures in this group of cases.

Podophyllin contains a neutral crystalline substance (podophyllotoxin) which is converted by alkalis into podophyllic acid. The alkaline secretion of the warts may act on the podophyllin with the formation of podophyllic acid, which causes coagulation of the warts. The explanation of the sensitivity of venereal warts may be found in their histological structure—primary acanthosis and prickle-cell oedema with no hyperkeratosis. The lack of the protective layer of the stratum corneum may be the determining factor.

After our first failures we used 5 per cent podophyllin in powdered tannic acid. Tannic acid not only has a tanning effect on the normal epidermis but is also a powerful coagulant of necrotic tissue. It was felt that it would protect the normal skin or mucous membrane and at the same time be an aid to podophyllin in the destruction of the lesions.

### Routine method of treatment

The following routine method of treatment was subsequently found by us to give the best results. A preliminary treatment, which consisted of frequent bathing with warm eusol or saline lotion, was carried out usually for 1-2 days in all cases with a pre-existing balanitis. Before the application to the individual warts of 5 per cent podophyllin in tannic acid, the normal parts of the glans and prepuce were protected with a thin layer of zinc ointment. Eight hours later the parts were cleansed with eusol lotion and the same routine was repeated. All cases had at least 2 applications of 5 per cent podophyllin in tannic acid (extensive lesions requiring sometimes as many as 8) but, after the second, the routine treatment consisted of eusol bathing followed by the application of pure tannic acid powder. When more than 2 applications of podophyllin were necessary, 24 or 48 hours were always allowed to elapse. Thirty-five cases were treated successfully, the average duration of treatment being 4-5 days, the shortest 8 hours and the longest 16 days. Acute urethritis, gonococcal or non-specific, was no contra-indication to treatment.

### Summary and conclusions

A simple routine treatment employing podophyllin (5 per cent) in tannic acid is recommended for the treatment of condylomata acuminata. Admission to hospital is necessary only when the growths are extensive.

I wish to express my thanks to Brig. T. E. Osmond for permission to publish this paper.  
London, E.17

H. HABER, Maj., R.A.M.C.

### REFERENCES

- Culp, O. S., Magid, M. A., and Kaplan, I. W. (1944) *J. Urol.*, **51**, 655.  
Kaplan, I. W. (1942) *Med. Surg. J.*, **94**, 388.

### Venereal diseases in the U.S.S.R.

One of the most far-reaching results of the German invasion of the Ukraine has been the disruption of the health services and the incidental or deliberate destruction of hospitals, spa establishments and sanatoria, clinics, nurseries, welfare centres and other public health institutions, as well as the killing of their medical staffs. As a result of this disruption and of the incursion of foreign troops, there has been, among other epidemics of infectious disease, a very much increased incidence of venereal diseases.—*Soviet Medical Chronicle*, March 1945.